

Mr. SCOTT of Virginia: Mr. Speaker, I rise today to stress the importance of health care to the well-being of our children and to our Nation. In 2003, a report was released by the National Academy of Science entitled ``Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care." It confirmed what many of us have known for a long time, that even when African Americans and other minorities have equal insurance and equal access to physicians, their outcomes are different.

Minority populations just don't get the same health care and are not offered the same treatments. Unfortunately, we're foundering under the constraints of a profit-driven, multi-tiered health care where racial and ethnic stereotypes often distort the decision-making process by many health care providers.

The situation becomes even more critical when we realize that over 20 percent of all African Americans do not have health insurance. Those who do are more likely to have public insurance or Medicaid, which, unfortunately, often does not command the full measure of services available in private insurance.

Every day, more and more African Americans are diagnosed with life-threatening illnesses which can be avoided with proper care and prevention. The diagnosis of illnesses such as diabetes, high blood pressure, heart disease and HIV/AIDS continues to increase among African Americans in the African American culture as access to health care becomes more and more elusive.

It is no surprise that when it comes to taking care of our medical needs, many of us and our Hispanic, Native American and Asian Pacific Islanders are slipping through the safety nets available to other Americans.

Mr. Speaker, the total number of uninsured has actually increased from 41 million, just a few years ago, to 46 million by the most recent numbers. In the country where we pride ourselves as being the world's leading and most prosperous democracy, we have millions of children and young adults walking around without health insurance.

A sad reflection of how ominous the absence of health care insurance can be is the death of a 16-year-old boy in Maryland who died from infections caused by an abscessed tooth because his family had no health insurance to seek medical care.

Mr. Speaker, in the next few weeks, we'll address the reauthorization of the State Children's Health Insurance Program, or SCHIP, which is a vital Federal program which allows States to target and cover low-income children with no health insurance and families with incomes above the Medicaid eligibility levels.

Almost 90 percent of these children live in households with a working parent. More than half live in two-family households. Many of these children are actually eligible for coverage under SCHIP or Medicaid but are not enrolled due in large part to barriers to enrollment in programs and complex eligibility rules that make it difficult to obtain or keep coverage. Millions more children are underinsured or at risk of losing coverage if their parents change jobs or if employers drop health coverage for families.

Mr. Speaker, we need to do more than just renew SCHIP. We need to expand it so that it adequately covers every uninsured child living in the United States.

Early and preventive screening, diagnosis and treatment, EPSDT, which would include services such as dental, vision and mental health services should be available to all children. EPSDT is the current requirement under Medicaid to make sure that the health needs of children are being met, and we should bring this requirement to SCHIP.

Coverage for low-income pregnant women. We need to make sure that women are receiving the necessary prenatal care needed to ensure that infants have a healthy start in life.

Presumptive eligibility. We need a unified application system for SCHIP. There are many social services programs, such as reduced or free school lunch, that have eligibility requirements clearly more restrictive than SCHIP. So if a child is eligible for such a program, it is a virtual certainty that he's also eligible for SCHIP.

The problem arises that States do not presume eligibility, and parents are required to fill out different applications in different offices, often with the exact same information, just to access the services they obviously qualify for.

A commonsense solution would be to streamline the application process for SCHIP and other programs so that if you're enrolled in another social service program, you should not have to fill out another application just to get health care benefits. Money to promote the streamlining of this process should be included in the reauthorization of SCHIP.

Mr. Speaker, there is an urgent need for expanded health care coverage for children, and that's why I introduced H.R. 1688, the All Healthy Children's Act. That act has been endorsed by the Children's Defense Fund. It's a logical, smart, and achievable incremental next step to close the child coverage gap and guarantees that all children will have access to health care coverage that they need to survive, thrive, and learn.

This proposal will ensure that all children are covered by expanding the coverage of both Medicaid and SCHIP programs, while eliminating the procedural red tape that currently prevents children from being covered by either program. The comprehensive program would include all basic health care, as well as coverage for mental health and prenatal care.

Mr. Speaker, the United States health care system has yet to solve the fundamental challenge, delivering health care coverage to all Americans at an affordable price. The tragedy is that we know what to do to fix the problem once and for all. And what is required is a national health care system with universal access to comprehensive prevention-oriented benefits. And it is time to take action, and we should start with our children by passing the All Healthy Children's Act.